

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL100017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2013
NAME OF PROVIDER OR SUPPLIER HALIFAX HEALTH MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114		
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H 000	INITIAL COMMENTS CCR#2013005289 An unannounced (substantial allegation) complaint survey was conducted on May 17, 2013, at Halifax Health Medical Center in Daytona Beach, Florida. Halifax Health Medical Center had deficiencies found at the time of the visit.	H 000	<i>Poc will be scanned when received. This is part of # 384211-2 Cops out. State fines recommended. RFS will be scanned.</i>		
H 203	59A-3.250(5), FAC SURVEIL/PREVEN/CONTROL OF INFECTION-Emp/ Hlth (5) Each hospital shall establish an employee health policy to minimize the likelihood of transmission of communicable disease by both employees and patients. Such policies shall include work restrictions for an employee whenever it is likely that communicable disease may be transmitted until such time as a medical practitioner certifies that the employee may return to work. This Statute or Rule is not met as evidenced by: Based on medical record review, staff and patient interviews, and facility policy and procedure review, the facility failed to ensure that infection control practices were maintained to prevent the cross contamination of patients and staff when a physician with a communicable disease was not screened for clearance to return to work in the facility. Findings Include: 1. Review of the medical record for Patient #1	H 203			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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8ZMV11

If continuation sheet 1 of 8

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H 203	Continued From page 1 revealed he was admitted to the hospital on 4/16/13 after failing a course of Flagyl (an antibiotic) to treat a diarrhea illness. He became dehydrated and malnourished requiring hospitalization for intravenous fluids. He was placed on 2 additional antibiotics to treat Clostridium Difficile (C-diff, a communicable diarrhea illness) and began to improve. Patient #1 was discharged on 4/20/13. His discharge instructions included staying off work, following up with gastroenterology in 1-2 weeks for repeat stools prior to returning to work. 2. An interview with the Infection Control Officer on 5/17/13 at 10:30AM revealed if a healthcare worker has C-diff then they cannot work. The healthcare worker needs to complete their course of antibiotics, be asymptomatic, and have a note from a physician giving them clearance to return to work. However, she stated "When it is a physician that is one place I cannot control. It depends on the honesty of the physician and them doing what is right." When asked if she was aware of any physicians having C-diff she stated "yes, we have 1 person who was taken off work recently for that reason. Unfortunately he returned to work on Monday (5/13/13) and was operating in the operating room (OR). When the OR staff notified me of him having patients on the schedule I quickly removed him from work again because I had not received his clearance to return to work. Later that same day he became symptomatic with diarrhea and he had a positive C-diff test." She revealed they had to once again start identifying patients and staff that he exposed. The Infection Control Officer revealed that Patient	H 203			

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H 203	Continued From page 2 #1 had been hospitalized for several days after he failed outpatient treatment for nausea, vomiting, and diarrhea. He became dehydrated and needed fluids. While he was hospitalized it was suspected that he had C-diff and a special test was performed to confirm it. The PCR is a new specialized test that looks at DNA analysis to identify C-diff spores. Patient #1 was treated with Flagyl, Vancomycin, and Fidaxomicin (all antibiotics) and he improved. When he was discharged from the hospital he was given instructions to complete the antibiotics and schedule an appointment in 1-2 weeks with the gastroenterologist to be tested and cleared to return to work. When asked if Patient #1 followed the discharge instructions, she stated she did not know. 3. An interview with the Director of Quality and Outcomes on 5/17/13 at 4:10PM revealed there is not a policy for physicians to follow in regards to returning to work after being on sick leave. 4. An interview with the Chief Medical Officer on 5/17/13 at 4:35PM revealed there is not a policy for non-employed physicians to follow regarding returning to work after a sick leave. The Chief Medical Officer stated he was made aware of Patient #1 diagnosis by the Infection Control Officer. He stated he did not remember the details just that Patient #1 was very sick and admitted to the hospital. The Chief Medical Officer stated he met with Patient #1 while he was in the hospital and set a course of therapy, gave him a timeline, and discussed his need to be off work for a period of time. He stated he was not aware that Patient #1 had returned to work until he came back from a 10 day vacation and	H 203			

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H 203	Continued From page 3 was notified. When asked if Patient #1 had any documentation clearing him to return to work, he again stated there is not a policy requiring medical clearance of a non-employed physician returning to work. The Chief Medical Officer revealed that he talked to Patient #1 and was told that he was asymptomatic so he thought it was ok to work. After he finished operating on 5/13/13 he became symptomatic again. He went in on 5/14/13 and had a test done that came back positive for C-diff. The Chief Medical Officer stated the hospital has never had to deal with a case of a physician exposing patients and staff to a communicable disease. Patient #1 was advised that he needed to be cleared before he came back to work. 5. An interview with Patient #1 on 5/17/13 at 5:00PM revealed he was once again on antibiotics and feeling better. He stated when he originally talked with Infectious Disease he understood that he had to take 3 weeks off work. He stated that he had talked with the Infection Control Officer and the Chief Medical Officer and they advised him he could return to work. He then stated "I guess I must have miss-understood. I was in contact with Infectious Disease and the Chief Medical Officer and I was told if I was asymptomatic I would be cleared to come back to work." He revealed that he finished his antibiotics on 5/8/13 and then was asymptomatic for 4 days so he scheduled a surgery for 5/13/13. When asked if he was seen by a gastroenterologist and received clearance he stated he was in telephone contact with his personal physician. When asked if he was seen by his personal physician and cleared to return to work, he repeated that he was in telephone contact with his personal physician.	H 203			

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H 203	Continued From page 4 6. Review of the policy and procedure for Work Restrictions: Infectious/Communicable Disease in Healthcare Workers revealed employees of the hospital are required to be cleared by employee health after an illness prior to returning to work. The policy does not include physicians, only employees.	H 203			
H 208	59A-3.272(1), FAC GOVERNING BODY (1) The licensee shall have a governing body responsible for the conduct of the hospital as a functioning institution This Statute or Rule is not met as evidenced by: Based on record review, policy and procedure review, and staff interviews, the governing body failed to take action and provide adequate directions to the hospital management for the prevention of cross contamination and exposure of a communicable disease by a member of the medical staff. Findings Include: Review of the medical record for Patient #1 revealed he was admitted to the hospital on 4/16/13 after failing a course of Flagyl (an antibiotic) to treat a diarrhea illness. He became dehydrated and malnourished requiring hospitalization for intravenous fluids (IV). He was placed on 2 additional antibiotics to treat C-diff and began to improve. Patient #1 was discharged on 4/20/13. His discharge instructions included staying off work, following up with gastroenterology in 1-2 weeks for repeat stools prior to returning to work.	H 208			

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H 208	Continued From page 5 Review of the policy and procedure for Work Restrictions: Infectious/Communicable Disease in Healthcare Workers revealed employees of the hospital are required to be cleared by employee health after an illness prior to returning to work. The policy does not include physicians as hospital staff, only employees. An interview with the Infection Control Officer on 5/17/13 at 10:30AM revealed if a healthcare worker has C-diff then they cannot work. The healthcare worker needs to complete their course of antibiotics, be asymptomatic, and have a note from a physician giving them clearance to return to work. However, she stated "When it is a physician that is one place I cannot control. It depends on the honesty of the physician and them doing what is right." When asked if she was aware of any physicians having C-diff she stated "yes, we have 1 person who was taken off work recently for that reason. Unfortunately he returned to work on Monday (5/13/13) and was operating in the operating room (OR). When the OR staff notified me of him having patients on the schedule I quickly removed him from work again because I had not received his clearance to return to work. Later that same day he became symptomatic with diarrhea and he had a positive C-diff test." She revealed they had to once again start identifying patients and staff that he exposed. The Infection Control Officer revealed that Patient #1 had been hospitalized for several days after he failed outpatient treatment for nausea, vomiting, and diarrhea. While he was hospitalized it was suspected that he had C-diff and a special test was performed to confirm it. When he was discharged from the hospital he was given instructions to complete the antibiotics and schedule an appointment in 1-2 weeks with the gastroenterologist to be tested and cleared to	H 208			

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H 208	Continued From page 6 return to work. When asked if Patient #1 followed the discharge instructions, she stated she did not know. An interview with the Director of Quality and Outcomes on 5/17/13 at 4:10PM revealed that the Infection Control Officer reviews all infection cases with the Quality Department and then they do the follow up calls from that list. She revealed when they were made aware of the physician with C-diff, the Quality Department made follow up calls to all identified exposed patients and asked them a specific set of questions regarding signs and symptoms. She revealed they would be continuing to make follow up calls until the case is resolved. When asked if she was aware of Patient #1 returning to work without medical clearance, she stated " no, I was not aware of that ". She stated the action plan was developed by the Infection Control Officer and Quality does not have a separate action plan. She stated there is not a policy for physicians to follow in regards to returning to work after being on sick leave. An interview with the Chief Medical Officer on 5/17/13 at 4:35PM revealed there is not a policy for non- employed physicians to follow regarding returning to work after a sick leave. He revealed he was made aware of Patient #1 condition prior to his hospitalization. The Chief Medical Officer stated he met with Patient #1 while he was in the hospital and set a course of therapy, gave him a timeline, and discussed his need to be off work for a period of time. He stated he was not aware that Patient #1 had returned to work until he came back from a 10 day vacation and was notified. When asked if Patient #1 had any documentation clearing him to return to work, he again stated there is not a policy requiring medical clearance of a non- employed physician	H 208			

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H 208	Continued From page 7 returning to work. The Chief Medical Officer stated the hospital has never had to deal with a case of a physician exposing patients and staff to a communicable disease. Patient #1 was advised that he needed to be cleared before he came back to work. The Chief Medical Officer stated that when he talked to Patient #1 he did not feel that he had come back too soon. He further stated he did not know if Patient #1 followed up with the gastroenterologist.	H 208			



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2013

Terri Long, R.N., Risk Manager
Halifax Health Medical Center
303 N. Clyde Morris Boulevard
Daytona Beach, FL 32114

VIA FAX: 386/254-4310

Dear Ms. Long:

Re: CCR #2013005289

This letter reports the findings of an unannounced (substantial allegation) complaint survey completed on May 17, 2013 by a representative of this office. It was determined the hospital was not in compliance.

Attached is *State (3020) Form* indicating the Standard level licensure deficiencies cited.

You must provide the Agency with an acceptable Plan of Correction (PoC) for all deficiencies cited within ten calendar days from receipt of the Form CMS 2567. Please complete a Plan of Correction (PoC) for the deficiencies, including the date corrective action was accomplished or is anticipated to be accomplished, sign and date page 1 on the bottom, and return to this Field Office within ten calendar days of receipt. Failure to submit a reply within this time frame may jeopardize your certification status. All deficiencies must be corrected no later than **June 17, 2013**.

In order for a PoC to be acceptable, it must include the following elements:

Core Elements of PoC:

- How the corrective action will be accomplished for individuals found to have been affected by the deficient practice;
- How the facility will identify other individuals who have the potential to be affected by the same deficient practice, and how the facility will act to protect individuals in similar situations;
- What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- How the facility will monitor its corrective actions/performance to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent; and



May 24, 2013

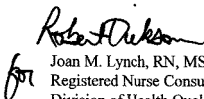
Page 2

- What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and,
- When corrective action will be accomplished.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. If you have questions, please contact us at (904) 798-4201.

Sincerely,

A handwritten signature in black ink, appearing to read "Joan M. Lynch". To the left of the signature is a small, stylized handwritten mark that looks like "for".

Joan M. Lynch, RN, MSN
Registered Nurse Consultant
Division of Health Quality Assurance

RED/JML/CT/je
Enclosure

BNOB